

**Wellfleet
Rental Assistance Program Application**

Application Checklist

- Signed Application Form (ALL adult household members are applicants)
- Documentation of your income sources and childcare expenses
- Documentation of eligibility for local preference
- Last two months account statements for all accounts (checking, money market, other assets including securities and virtual currency)

Return Completed Application to:

**Homeless Prevention Council
P.O. Box 828
Orleans MA 02653**

**Or email at
help@hpccapecod.org**

Homeless Prevention Council prohibits discrimination based on race, creed, color, sex, age, disability, marital status, veteran status, sexual orientation, national origin or any other basis prohibited by law in the renting of units.

Wellfleet Rental Assistance Application

Applicant Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Employer's Name and Address: _____

Co-Applicant Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Employer's Name and Address: _____

List All Household Members Including Yourself:

Name	Date of Birth	Relationship to Applicant
1. _____	_____	Self
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	

ANNUAL HOUSEHOLD INCOME INFORMATION

Households must meet certain maximum income limits to be eligible to participate in the Wellfleet Rental Assistance Program. Annual income is income from all sources, including all wages and salaries prior to deductions, overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, Social Security, Supplemental Social Security

Income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members over the age of 18, unless the member is a full-time student**. Income for full-time students who are the head of household or spouse must be counted in annual income.

Please attach all third-party documentation for your sources of income (i.e. 4 weeks of paystubs, W-2, 1099-misc, copies of bank statements, social security statements, brokerage & securities holdings, virtual currency etc.)

Annual Income (Applicant) : Gross Income for the Past 12 Months: \$ _____

Employer Name: _____

Employer Address: _____

Phone: _____ Position _____ Wages/Salary per week \$ _____

ADDITIONAL INCOME FROM OTHER SOURCES:

Source: _____ Income per Month \$ _____

Source: _____ Income per Month \$ _____

Annual Income (Co-Applicant): Gross Income for the Past 12 Months: \$ _____

Employer Name: _____

Employer Address: _____

Phone: _____ Position _____ Wages/Salary per week \$ _____

ADDITIONAL INCOME FROM OTHER SOURCES:

Source: _____ Income per Month \$ _____

Source: _____ Income per Month \$ _____

Childcare Expense Necessary for Employment: Annual Amount \$ _____

Current Landlord: Name _____

Mailing Address _____

Email _____

Telephone _____

Current Monthly Rent: \$ _____

This program lasts for a maximum of three years. Please indicate below what your strategy/goal is going forward regarding stabilizing your housing situation:

_____ I am on a fixed income (i.e. social security) and am currently seeking more affordable housing.

_____ I expect my income to increase to the point where my rent is affordable.

_____ I expect my expenses to decrease to the point where my rent is affordable.

Other: _____

APPLICANT CERTIFICATION AND CONSENT TO RELEASE INFORMATION

I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program. I/We agree to actively participate in the case management services provided by Homeless Prevention Council, Inc. for the duration of my/our time in this Rental Assistance Program.

Your signature(s) below gives consent to the Homeless Prevention Council, Inc. to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant.

Applicant Signature

Date

Co-Applicant Signature

Date